

January 2009

TO: Members of the House Human Services Committee
FROM: Sue O'Connell, staff research analyst
RE: Support services available to committee members

EXHIBIT 1 HUH
DATE 1/9/09
HB _____

I will perform the following functions in support of the committee:

1. draft all amendments adopted by the committee during committee action, using the same bill drafting guidelines as were applied to the original bill and, with the presiding officer's authorization, make necessary changes in grammar, punctuation, word choice, and sentence structure, that do not affect the meaning;
2. draft proposed amendments upon request of individual committee members before committee action on a given bill;
3. draft proposed amendments to be moved on Second Reading before the full Senate or House of Representatives upon request of any committee member;
4. draft committee bills;
5. review legislation and advise the committee as to constitutionality, internal consistency, possibility of conflict with existing provisions and other bills, and compliance with other bill drafting provisions, such as grammar, punctuation, word choice, and statutory sentence structure;
6. attend subcommittee meetings to perform the appropriate functions listed above;
7. attend conference committee or free conference committee deliberations as invited to perform the appropriate functions listed above; and
8. assist the committee or an individual committee member in obtaining data or any pertinent information from state or local agencies, the federal government, or other states pertaining to bills under deliberation by the committee.

My office is located on the 1st floor of the Capitol, in Room 111-D, and my telephone number is 444-3597. My regular office hours are 7 a.m. to 5:30 p.m. Monday - Friday. I will be working weekends on an unscheduled basis and Saturday mornings on an alternating schedule. During January, I will have extended hours.

I look forward to working with you this session.

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House Human Services Committee - 2009

Amendments:

- (1) Legislative staff will draft amendments only at the request of any legislator. A legislator must be willing to "sponsor" proposed amendments before the legislative services staff (drafter, editor, attorney) will devote time to an amendment.
- (2) Committee members are the only legislators who can move amendments to a bill while the bill is in committee.
- (3) Although legislators who are not on the committee may request that amendments be drafted, they must be able to convince a committee member to move, carry or "sponsor" the amendments while the bill is in committee.
- (4) It is best that requests of staff to draft amendments to a bill while it is in committee come from a member of the committee. Otherwise, if no committee member will agree to move the amendments, staff time will have been spent in drafting "dead" or non-introducible amendments. However, once on the floor of the House ("committee of the whole"), a bill may be amended by any legislator.

Timelines for Submission of Amendments

Amendments should be verbally suggested or submitted in writing to the committee during the first reading hearing, and preferably not during the executive session.

Amendments to be presented to the committee for consideration during executive session must be:

- A) requested by a legislator (see 1 through 4 above); and
- B) submitted in writing to staff for drafting, legal review, function and coordination analysis, and editing by noon of the day prior to executive action on the bill.

This deadline will be even more important as the session progresses and more bills and amendments are up for consideration. Complicated amendments or substantive amendments to complex legislation can require considerable staff time to analyze, cross reference, draft, edit, and prepare accurately. Voting on conceptual amendments is risky in the event that they do not function once they are incorporated into the bill.

Exception:

A minor amendment that requires no detailed analysis or editing (changing a word or date, clerical corrections, etc.) may be considered on shorter notice and/or during executive session at the discretion of the Chair.

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General Health and Human Services Acronym List

Following are commonly used acronyms for programs, laws and groups involved in public health and human services issues.

ADA	Americans with Disabilities Act (federal)
APHA	American Public Health Association
APRN	Advanced Practice Registered Nurse
BCBS	Blue Cross and Blue Shield (also known as MBCBS)
BT	Bioterrorism
CAH	Critical Access Hospital (formerly Medical Assistance Facility)
CD	Chemical dependency, or substance abuse or substance use disorders
CDC	Centers for Disease Control (federal)
CHC	Community Health Center
CHIP	Children's Health Insurance Program (sometimes called S-CHIP)
CMHC	Community Mental Health Center
CMS	Centers for Medicare and Medicaid Services (federal)
DD	Developmental Disabilities (persons with developmental disabilities)
DEQ	Montana Department of Environmental Quality
DSH ("dish")	Federal disproportionate share payments for medical facilities that serve a larger percentage of low-income persons than comparable facilities
Dual Eligible	A person who is eligible for both Medicaid and Medicare
EPA	U.S. Environmental Protection Agency
EPHS	Essential Public Health Services
EPSTD	Early and Periodic Screening, Diagnosis and Treatment Program
FAE	Fetal Alcohol Exposure
FAS	Fetal Alcohol Syndrome
FMAP	Federal Medicaid Assistance Percentage (Medicaid reimbursement rate)
FQHC	Federally Qualified Health Center
HCBS	Home and Community Based Services (section 1915(c) waiver)
HIFA	Health Insurance Flexibility and Accountability waiver (section 1115 waiver)
HIPAA	Federal Health Insurance Portability and Accountability Act of 1996 (health records privacy)
HRDC	Human Resource Development Council
	The November 2002 initiative that created a trust fund for some of the revenue from the settlement of the nationwide tobacco lawsuits, to be used for tobacco prevention and control and for health care needs. See 16-11-509, 53-4-1011, MCA and Article XII, section 4 Mont. Const.

I-146

EXHIBIT

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House Human Services Committee Legislation/Transmittal Deadlines -- 2009

Transmittal Deadlines

The joint House and Senate rules establish a number of deadlines, both for requesting legislation and for transmitting legislation from one chamber to the other.

To meet the transmittal deadlines for the various types of legislation, committees must finish up work on the bills several days in advance of each deadline, so the bills can be processed out of committee, printed for the floor, and go through second and third readings.

Both chambers typically meet in full-day floor sessions during the three days before the **February 26 deadline** for transmittal of general bills. Committee work on general bills usually needs to be completed by the Friday before transmittal week, unless the committee decides to meet on the Saturday before transmittal week.

To meet the **April 2 deadline** for transmitting amendments to Senate bills, the committee needs to complete action at least three days before the transmittal deadline on all bills that will be amended.

Because both chambers typically meet in longer floor sessions during the transmittal deadlines for spending and taxation bills, the regular meeting times for committees may be shortened in the days leading up to these deadlines. That may necessitate shorter hearings or additional meeting dates to meet the deadlines.

Following is a summary of the various transmittal deadlines.

Bill Type	Legislative Day	Date	Suggested Last Date for Committee Action
General Bills or Resolutions	45	Feb. 26	Feb. 20
Appropriation Bills	67	March 26	March 7
Revenue Bills	71	March 31	March 27
Amendments to General Bills	73	April 2	March 27
Amendments to Appropriation Bills	80	April 14	April 6
Amendments to Revenue Bills	82	April 16	April 9
Interim Study Resolutions	85	April 20	April 15

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Children, Families, Health, and Human Services Interim Committee

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60th Montana Legislature

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CAROL JUNEAU
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EDITH CLARK
ERNE DUTTON
TERESA HENRY
DIANE SANDS

COMMITTEE STAFF

SUE O'CONNELL, Lead Staff
LISA JACKSON, Staff Attorney
FONG HOM, Secretary
PAT MURDO, Staff for SJR 15

SUMMARY OF THE 2007-2008 LEGISLATIVE INTERIM

The Children, Families, Health, and Human Services Interim Committee conducted three studies that were approved by the 2007 Legislature and assigned to the Committee:

- Senate Joint Resolution 5, a study of Montana's emergency medical services system.
- Senate Joint Resolution 15, a study of Montana's health care delivery system.
- A mental health study funded through House Bill 2, the general appropriations bill.

Staff members conducted the SJR 5 and SJR 15 studies, while a consulting firm was hired to conduct the mental health study. DMA Health Strategies of Massachusetts was selected to conduct the study based on a Request for Proposals.

The Committee's Web site, www.leg.mt.gov/cfhhs, contains information on each of the studies through specific links that can be found under the Assigned Studies heading on the page. Initial legislation developed as a result of each study can be found on the Web page specific to the study or under the Proposed Legislation heading on the main Committee page.

Updated versions of the bills are available through the LAWS bill-tracking system, at [http://laws.leg.mt.gov/laws09/law0203w\\$.startup](http://laws.leg.mt.gov/laws09/law0203w$.startup).

Final reports on the study activities also are available on the Committee's Web site.

Key study efforts and proposed legislation for each study are summarized on the following pages.

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SJR 5 STUDY: EMERGENCY MEDICAL SERVICES

The 2007 Legislature approved Senate Joint Resolution 5, for a study of emergency medical services (EMS) in Montana to determine the issues that communities face and to identify strategies for ensuring that services remain in place throughout the state.

The study was undertaken at the same time that the Legislative Audit Division was conducting a performance audit of the Department of Public Health and Human Services, which licenses EMS providers, and the Board of Medical Examiners, which licenses emergency medical technicians (EMTs). The Children and Families Committee incorporated information from the audit into its final decisions on the study.

At its Aug. 22, 2008, meeting, the Committee approved seven bills designed to help with recruitment, retention, and cost issues for volunteer EMS providers. Committee members specifically targeted legislative help to those individuals and agencies that provide emergency medical care on a volunteer or minimally paid basis.

The Committee also approved a bill draft to clarify existing laws as proposed in the performance audit and approved sending letters to the Department of Public Health and Human Services and the Department of Labor to follow up on other issues that were raised in the audit but did not require legislative action.

The following SJR 5-related Committee bills have been introduced in the 2009 Legislature:

- **HB 85**, to create a grant program to pay for new vehicles and equipment for volunteer EMS agencies
- **HB 93**, to clarify issues related to EMS medical direction and the handling of complaints (introduced as a result of the legislative performance audit)
- **SB 63**, to provide tax incentives for volunteer EMTs and their employers
- **SB 64**, to create a special license plate for volunteer EMTs and provide a tax credit for purchase of the license plate
- **SB 77**, to add a volunteer EMT to the Board of Medical Examiners
- **SB 79**, to allow reduced staffing levels for non-emergency ambulance transports and for emergency transports in counties with fewer than 20,000 residents
- **SB 83**, to provide confidentiality for review of EMS responses for purposes of quality improvement

Reports and other materials related to the SJR 5 study are available online at:
http://leg.mt.gov/css/committees/interim/2007_2008/child_fam/assigned_studies/sjr5.asp

LEGISLATIVE MENTAL HEALTH STUDY

The 2007 Legislature included \$200,000 in House Bill 2 during the May 2007 special session for "an interim study of mental health." A study resolution initially related to the appropriation was introduced as Senate Joint Resolution 27 in the regular session, but died during that session. The Legislative Council in September 2007 assigned the study to the Children and Families Committee and approved hiring a consulting firm to conduct the study. The Committee modeled a Request for Proposals largely on the elements of SJR 27, which called for an analysis of the publicly funded mental health system to determine whether gaps in services exist, whether other financing sources existed, and whether the system could be better coordinated.

DMA Health Strategies of Massachusetts was the successful bidder for the contract. The company conducted the study over a six-month period, gathering information from consumers and other stakeholders through the use of interviews, surveys, and focus groups. It also analyzed extensive data on the use of publicly funded mental health services in Montana.

The Committee heard the final report from DMA on Oct. 14, 2008, and took several actions, including requesting the following legislation:

- **HJR 3**, for an interim study of a managed care mental health system
- **HB 65**, to appropriate \$2.4 million to sustain existing kids management authorities (KMAs) at the community level and create 10 additional KMAs
- **HB 66**, to appropriate \$250,000 to provide flexible funding to meet the needs of children up to the age of 6 and of high-risk children with multi-agency needs
- **HB 111**, to clarify the existing laws relating to local and regional advisory groups in the mental health system and to better define the roles of the groups

The Committee also agreed to ask for changes to two bill drafts proposed by the Law and Justice Interim Committee as part of its interim studies of mental health needs in the justice system. The Children and Families Committee suggested amendments to **HB 130**, which creates a grant program for county crisis and jail diversion beds. The proposed changes would: allow expenditures to include Crisis Intervention Team training for law enforcement officers; provide grants to collaborative efforts, not just counties; and match county pre-commitment costs if the county participates financially in a collaborative effort.

The Committee also suggested revising **HB 60**, which creates a pilot program to screen jail inmates for suicide risk, to require screening inmates for any mental disorder.

It also asked that the Department of Public Health and Human Services and the Department of Corrections continue to report to the Legislature on how they are following up on report recommendations.

Reports and other materials related to the mental health study are available online at:
http://leg.mt.gov/css/committees/interim/2007_2008/child_fam/assigned_studies/mental_health.asp

SJR 15: STUDY OF THE HEALTH CARE DELIVERY SYSTEM

The 2007 Legislature approved the SJR 15 study of Montana's health care delivery system to determine how the different means of providing health care services affect the cost and quality of care. The study resolution listed numerous issues related to access, ranging from whether to continue a moratorium on specialty hospitals to the use of information technology to improve health care.

The Children and Families Committee created a subcommittee to work on issues related to two key areas of the study – the state's economic credentialing statute, 50-5-117, MCA, and the moratorium on specialty hospitals. The full Committee also used the study as an opportunity to consider how consumer information determines not just access to health care but also awareness by consumers of how they can affect their health care quality and costs. Committee members focused considerable time and attention on electronic health records and on ways to make health care pricing and costs more understandable for consumers.

The following SJR 15-related Committee bills have been introduced in the 2009 Legislature:

- **HB 86**, to appropriate up to \$1.5 million to support efforts to put a system for electronic health records into place
- **HJR 5**, a resolution to support funding that may be included in the governor's budget for the electronic health records project (to be pursued in lieu of HB 86 if the governor's budget contains the funding)
- **SJR 5**, a resolution to encourage continued monitoring by the 2009-10 Children and Families Interim Committee of independent efforts to establish Web sites that provide information on health care costs
- **SB 26**, to address economic credentialing
- **SB 51**, to require health care providers who make a referral to disclose if they have any investment, ownership, or employment interests in the business to which the patient is being referred
- **SB 52**, to expand anti-kickback provisions regardless of payor type

Reports and other materials related to the SJR 15 study are available online at:
http://leg.mt.gov/css/Committees/interim/2007_2008/child_fam/assigned_studies/sjr15.asp